

CERTIFICATE OF EFS FILING UNDER 37 CFR §1.8

I hereby certify that this correspondence is being electronically transmitted to the United States Patent and Trademark Office, Commissioner for Patents, via the EFS pursuant to 37 CFR §1.8 on the below date:

Date: January 24, 2008 Name: Scott W. Brim

Signature: 

**BRINKS
HOFER
GILSON
& LIONE**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Marc I. Lipton

Appln. No.: 10/804,542

Filed: March 19, 2004

For: Method, System, and Article for Telephone Notification of an Online Status of a User

Docket No: 8285-679

Examiner: Lindsey, Matthew S.

Art Unit: 4152

Conf. No.: 7478

TRANSMITTAL

Mali Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached is/are:

☒ Amendment (6 pages).

Fee calculation:

☐ No additional fee is required.

☐ Small Entity.

☐ An extension fee in an amount of \$_____ for a _____-month extension of time under 37 CFR § 1.136(a).

☐ A petition or processing fee in an amount of \$_____ under 37 CFR § 1.17(____).

☐ An additional filing fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Small Entity			Not a Small Entity		
				Rate	Add'l Fee	OR	Rate	Add'l Fee	
Total	Minus			x \$25=			x \$50=		
Indep.	Minus			x 105=			x \$210=		
First Presentation of Multiple Dep. Claim				+\$185=			+\$370=		
				Total	\$		Total		\$

Fee payment:

☐ Please charge Deposit Account No. 23-1925 in the amount of \$____ for ____.

☐ Payment by credit card in the amount of \$____ (Form PTO-2038 is attached).

☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,

January 24, 2008

Date


Scott W. Brim (Reg. No. 51,500)